

## Dial-A-Ride Application

**Dial-A-Ride is a curb-to-curb service for residents of participating municipalities who are over age 60 or disabled.**

### Part 1

The use of the information you provide on this application is intended for the sole purpose of establishing eligibility for transportation server. Dutchess County will not release this information without your written permission.

Last Name:  First Name:  Initial:

Street Address:

Apartment/Building Name:  Apt. #:

City:  State:  Zip Code:

Telephone:

Date of Birth:

Social Security #:

### Part 2

In order that we may best serve you, please check any of the following:

It is significantly difficult for you to:

- ☐ walk more than 200 feet.
- ☐ stand outside more than 10 minutes.
- ☐ negotiate a flight of stairs.
- ☐ get on or off a standard bus.
- ☐ stand on a moving bus.
- ☐ read information due to visual impairment.
- ☐ hear announcements made by the bus driver.

Do you use any of the following aids (check all that apply)

- ☐ Scooter
- ☐ Wheelchair

☐ Walker

☐ Other

Do you require a personal care attendant?

☐ Yes

☐ No

Do you need help with packages?

☐ Yes

☐ No

Do you have any special needs the dispatcher should be aware of when scheduling your trips?

☐ Yes

☐ No

If yes, please specify

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Please give the name of a person who could be contacted in case of an emergency.

Emergency Contact Name:

Address:

Telephone:

### **Part 3**

#### **To Be Completed By Those Under 60 Years Of Age**

Dutchess County requests a reference who may be contacted to verify your eligibility for Dial-A-Ride. This reference may be a doctor or other health care professional.

Are you a client of a community service agency?

☐ Yes ☐ No      If Yes, which agency

Name:

Planning & Development, Division of Mass Transit Dial-A-Ride Application Form

Address:   
Telephone:  Contact Name:

If you are not a client of a community service agency, please provide the name of a physician or other health care professional as a reference.

Name:   
Address:   
Telephone:

**Part 4**

I, the undersigned applicant, state that the above information is true and complete to the best of my knowledge and agree to release it to Dutchess county for the purpose of establishing my eligibility. I also understand that the professional reference named above may be contacted to validate my eligibility.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Return To:**

**Dutchess County Bus System,  
14 Commerce St., Poughkeepsie NY 12603**